The University of the State of New York
THE STATE EDUCATION DEPARTMENT

Office of Early Learning
89 Washington Avenue, Rm. 319 EB
Albany, New York 12234
(518) 474-5807
http://www.p12.nysed.gov/earlylearning/

Registration Application
Nonpublic Nursery Schools and Kindergartens

❑ New Application ❑ Renewal Application

School Name _____

Street _____ City _____

County _____ Zip Code _____ Telephone (_____)_____

Fax (_____)_____ Email Address _____

Owner/Board President _____

Administrative Director _____

Educational Director _____

Date School Begins _____ Date School Ends _____

School District in which school is located _____

Street _____ City _____

County _____ Zip Code _____ Telephone (_____)_____

Superintendent _____

Is the School incorporated?	❑ Yes	❑ No
Is the School chartered?	❑ Yes	❑ No
Is the School licensed by the New York State Office of Children and Family Services?	❑ Yes	❑ No
Is the School licensed by the NYC Department of Health-Division of Day Care?	❑ Yes	❑ No
Is the School accredited by the National Association for the Education of Young Children?	❑ Yes	❑ No

Please respond to all items and return the completed application to the address indicated above.

Enrollment Data

_____ Total Enrollment Upon Submission of Application

_____ Number of 3 Year Olds

_____ Number of 4 Year Olds

_____ Number of 5 Year Olds

Sessions

_____ Number of Children Attending AM Only

_____ Number of Children Attending PM Only

_____ Number of Children Attending AM and PM

Hours

_____ Number of Children Attending 3 Hours or Less

_____ Number of Children Attending More than 3 Hours

_____ Number of Children Attending More than 6 Hours

Groups

_____ Number of Children Enrolled in Nursery/Preschool

_____ Number of Children Enrolled in Prekindergarten

_____ Number of Children Enrolled in Kindergarten

_____ Number of Children Enrolled in Mixed-Aged
(specify age range/group arrangements)

_____ Number of Children Under 3 Enrolled in Nursery/Preschool Groups

_____ Number of Kindergarteners enrolled in Nursery/Preschool Groups

_____ Number of Children Older than 5 Enrolled in Nursery/Preschool Groups

Other

_____ Number of Children from homes where a language other than English is spoken

_____ Number of Children with Diagnosed Disabilities

_____ Number of Children Younger than the age of Entrance Required for Kindergarten Enrollment by the School District in Which the Child Resides

Note: Registered nonpublic schools should use public school district Kindergarten entrance age requirements as benchmarks for enrolling 3, 4 and 5 year olds (see Commissioner's Regulation 125.9)

Classroom Data

List data for each group and session

(Do not include on this form children younger than two years and nine months of age as of September 1st)

Enrolled in	Hours		Ages of the Children		Days of the Week the Group Meets					Totals Number of Children in the Room	Number of Staff		Size of Classroom (Square Feet)
	From	To	From	To	Mon	Tues	Wed	Thur	Fri		Teachers	Aides or Assistants	
AM Classroom ONLY													
PM Classroom ONLY													
Other Classrooms (With sessions more than three hours a day)													

Records and Permits

Records on file in the school

1. Appropriate New York State Certificates for Educational Director and all certified teachers ❑ Yes ❑ No

2. Official transcripts, matriculation statements, experience, and background for all noncertified teachers ❑ Yes ❑ No

3. Current (annual) physical and dental examination record for each child ❑ Yes ❑ No

4. Proof of immunization status of each child as required by Public Health Law ❑ Yes ❑ No

5. Current (biannual) physical examination and tuberculin/tine test record for each staff member ❑ Yes ❑ No

6. Fire inspection report within the past 12 months ❑ Yes ❑ No

7. Copy of current Annual Report submitted to the State Education Department ❑ Yes ❑ No

Current permits on file in the school

1. New York City only: Health Depart.- Division of Day Care Permit ❑ Yes ❑ No

2. Outside New York City ❑ Yes ❑ No

   a. Health Inspection Report (date) ❑ Yes ❑ No

   b. Certificate of Occupancy (date) ❑ Yes ❑ No

   c. New York State Office of Children and Family Services Day Care Permit (valid for 2 year period) ❑ Yes ❑ No
   (Mandated for schools enrolling children in sessions more than 3 hours/day)

Staff Data

A. Indicate number of staff in each category

Position	Number of Staff		Number of Staff	
	Full-time	Part-time	Certified	Credentialed
Director				
Teacher				
Teacher Aide/Assistant				
Parent Assistant (if school is a parent cooperative)				

B. Complete and attach individual Staff Background Forms

Materials That Support the Application

Attach all items below to the application. ***<u>If not attached, please provide a brief explanation.</u>***

A. ❑ Sketch of indoor instructional space with dimensions, showing interest/activity areas	
B. ❑ Sketch of outdoor space with dimensions showing placement of equipment, types of ground cover, fencing, etc.	
C. ❑ Description of recent/pending renovation, construction, etc.	
D. ❑ Description of educational program and New York State learning standards reflected in the curriculum	
E. ❑ Staff Background Forms (last page of this Application)	
F. ❑ Current Parent Handbook, newsletters, brochures, and other information about the school	
G. ❑ Outside New York City – NYS Office of Children and Family Services permit or letter of exemption (required if child is enrolled 3 hours or more a day) (If licensed, omit I, J, and K)	
H. ❑ New York City Schools only – New York City Day Care Permit required (omit I, J, and K)	
I. ❑ Fire Inspection Report (See item G or H)	
J. ❑ Certificate of Occupancy (See item G or H)	
K. ❑ Health Inspection Report (See item G or H)	
L. ❑ Certificate of Incorporation or Charter	
M. ❑ Parent and Family Partnerships Involvement Plan	
N. ❑ Staff Development Plan (postsecondary and inservice training)	

Upon registration by the New York State Education Department, I agree to comply with all regulations, laws, and guidelines governing the Voluntary Registration Program to include submission of an Annual Report at the end of each school year. I hereby certify that the above information and materials submitted are complete and accurate to the best of my knowledge.

_____ _____ _____

Signature of Authorized Person Title Date

MUST BE SIGNED AND DATED

Staff Background Form

Revised 4/21/16

Education, Training and Professional Experience of Certified and Noncertified Staff Members
(Including Individuals Certified in other countries and in States other than New York)
(Duplicate this form as needed)

Staff Name:		Position:	
(Include any other name you may have been known by)			
Signature:		Date:	

Educational Background

For Support Staff/Teacher Aides & Assistants: include highest education level completed.

For Professional Staff: If degree is **not** final, attach all transcripts of college courses completed by individual staff member.

Institution	Dates		Major Field of Study	Credit Hours	Degrees or Diploma
	From	To			

Teaching Certification(s): attach a copy of the most recent teaching certificate

Include in State & Out-of-State. If other than professional/permanent certification, a Study Plan must be submitted (pg 4).

Title	State	Date Issued	Certificate Number	
			Initial	Professional

Teaching Experience with Children Under Age Six (6): include **current** position

Age Group(s)	Dates		Name of Employer	Position Held
	From	To		